					46	
Revision:		-PM-91- MBER 1		(MB)		EQRO
	State/T	erritory:			Colorado	
Citation 42 CFR 431.60 42 CFR 456.2 50 FR 15312 1902(a)(30)(C) 1902(d) of the Act, P.L. 99-50 (Section 9431)	and	<u>Utiliza</u> (a)	A Statewide program of surveilla utilization control has been imple safeguards against unnecessary of use of Medicaid services available plan and against excess payments assesses the quality of services. Trequirements of 42 CFR Part 456			emented that or inappropriate le under this s, and that The
				_	Directly	
					requirements thro Quality Control P	nedical and utilization review ugh a contract with a Utilization and leer Review Organization (PRO) 42 CFR Part 462. The contract with the
					(1) Meets th	e requirements of §434.6(a):
						a monitoring and evaluation plan to atisfactory performance;
					(3) Identifie PRO rev	s the services and providers subject to view;
					` '	that PRO review activities are not tent with the PRO review of Medicare and
					PRO de	a description of the extent to which terminations are considered conclusive nent purposes.
and 1902(d) of ACT, P.L. 99-5					(6) 1932(c)(	2)
(section 9431)			X_	-	-	mal Quality Review Organization aal External Quality Review that meets

N # 04-002 Supersedes TN # 92-15

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Approval Date 5/25/04

except where exempted by the regulation

the requirements of 42 CFR 438 Subpart E each managed care organization, prepaid inpatient health plan, and health insuring organizations under contract,

Revision: HCFA-PM-85-3 (BERC)

**MAY 1985** 

State:

4.14

OMB NO. 0938-0193

<u>Citation</u> 42 CFR 456.2 50 FR 15312

- (b) The Medicaid agency meets the requirements of 42 CFR Part 456, Subpart C, for control of the utilization of inpatient hospital services.
  - Utilization and medical review are performed by a Utilization and Quality Control Peer Review Organization designated under 42 CFR Part 462 that has a contract with the agency to perform those reviews.
  - // Utilization review is performed in accordance with 42 CFR Part 456, Subpart H, that specifies the conditions of a waiver of the requirements of Subpart C for:
    - // All hospitals (other than mental hospitals).
    - // Those specified in the waiver.
  - // No waivers have been granted.

TN No. 86-14

Bupersedes
TN No. 26-1

Approval Date 11/13/86 Effective Date 7/1/86

Revision: HCFA-PM-85-7 (BERC) OMB NO.: 0938-0193 JULY 1985 COLORADO State/Territory: Citation 4.14 (c) The Medicaid agency meets the requirements 42 CFR 456.2 of 42 CFR Part 456, Subpart D, for control 50 FR 15312 of utilization of inpatient services in mental hospitals. /X/ Utilization and medical review are performed by a Utilization and Quality Control Peer Review Organization designated under 42 CFR Fart 462 that has a contract with the agency to perform those reviews. / / Utilization review is performed in accordance with 42 CFR Part 456, Subpart H, that specifies the conditions of a waiver of the requirements of Subpart D for: // All mental hospitals. / / Those specified in the waiver. / / No waivers have been granted.

TN No. 86-7
Supersedes
TN No. 76-/

Approval Date 5/16/86 Effective Date 1/1/86

// Not applicable. Inpatient services in mental hospitals are not provided under this plan.

	HCTA-PK-85-3	(BERC)		
MAY 1985	State:			* 35
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4.14

OMB NO. 0938-0193

Citation 42 CFR 456.2 50 FR 15312 (d) The Medicaid agency meets the requirements of 42 CFR Part 456, Subpart E, for the control of utilization of skilled nursing facility services.

Utilization and medical review are performed by a Utilization and Quality Control Peer Review Organization designated under 42 CFR Part 462 that has a contract with the agency to perform those reviews.

// Utilization review is performed in accordance with 42 CFR Part 456, Subpart H, that specifies the conditions of a waiver of the requirements of Subpart E for:

// All skilled nursing facilities.

// Those specified in the waiver.

/ / No waivers have been granted.

86-14

TH No. 5 Supersedes
TH No. 76-/

Approval Date 11/13/86 Effective Date 7/1/89

	HCFA-PM-85-3	(BERC)	
MAY 1985	State:	Colorado	

OMB NO. 0938-0193

Citation 42 CFR 456.2 50 FR 15312 4.14 (e) The Medicaid agency meets the requirements of 42 CFR Part 456, Subpart F, for control of the utilization of intermediate care facility services. Utilization review in facilities is provided through:

- / Facility-based review.
- // Direct review by personnel of the medical assistance unit of the State agency.
- Personnel under contract to the medical assistance unit of the State agency.
- /X/ Utilization and Quality Control Peer Review Organizations.
- // Another method as described in ATTACHMENT 4.14-A.
- // Two or more of the above methods.

  ATTACHMENT 4.14-B describes the circumstances under which each method is used.
- // Not applicable. Intermediate care facility services are not provided under this plan.

TN No. 86-/4-Supersedes TN No. 82-6

Approval Date 11/13/86 Effective Date 7/1/86

Revision:

HCFA-PM-91-10

(MB)

(f)

December 1991

State/Territory: Colorado

Citation

4.14 <u>Utilization/Quality Control</u> (Continued)

42 CFR 438.356(e)

For each contract, the State must follow an open, competitive procurement process that is in accordance with State law and regulations and consistent with 45 CFR part 74 as it applies to State procurement of Medicaid services.

42 CFR 438.354

42 CFR 438.356(b) and (d)

The State must ensure that an External Quality Review Organization and its subcontractors performing the External Quality Review or External Quality Review-related activities meets the competence and independence requirements.

Not applicable.

N# 04-002 Supersedes TN # 92-15 Effective Date 3-25-04
Approval Date 5 25 0 4